

The Town of Fenwick Island

www.fenwickisland.delaware.gov

800 Coastal Highway Fenwick Island DE 19944 302.539,3011 * Fax: 302.539,1305

June 27, 2009

RENTAL LICENSE

Applicant's Name:		_
Home Address:		
Home Telephone #	Emergency Telephone #	_
RENTAL ADDRESS:		
RENTAL AGENT, ADDRESS & CONTAC	T PERSON (if applicable):	
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Ordinances of the Town of Fenwick Isla	naintain my license privilege, I must comply with all Regulation and that all taxes and assessments due the Town of Fenvoye been paid including the 7.5% tax on Gross Rental Receipts.	vîcl
I authorize the Town of Fenwick Island investigation into the truth of statement for the requested license.	, it's agents, and employees to seek information and conduct s set forth in this application and the qualifications of the applic	aı an
I declare, under the penalty of perjur correct.	y, that the information contained in the application is true	and
Applicant's Signature	Date	
Make Checks Payable To: Town of Fenw	ick Island	
Rental License: \$150.00 (Calendar Year) Late Fee: \$75.00		